

Fill in this information to identify your case:

| | | | |
|--|---------------------------|----------------------------|--------------------------|
| Debtor 1 | <u>Samuel</u> | <u>Clinton</u> | <u>Scott</u> |
| | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| Debtor 2 | <u>Angela</u> | <u>Renita</u> | <u>Scott</u> |
| (Spouse, if filing) | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| United States Bankruptcy Court for the: <u>Northern</u> District of <u>Georgia</u> | | | |
| Case number (If known) | <u>19-63204</u> | | |

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA
2019 SEP -5 PM 12:52
N. REGINA THOMAS
CLERK
BY A. Delipsey ☒ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2:

Dates Debtor 2
lived there

☐ Same as Debtor 1

☐ Same as Debtor 1

Number Street From To

Number Street From To

City State ZIP Code

City State ZIP Code

☐ Same as Debtor 1

☐ Same as Debtor 1

Number Street From To

Number Street From To

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known) 19-63204

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|--|--|--|
| Sources of Income Check all that apply. | Gross income (before deductions and exclusions) | Sources of Income Check all that apply. |
| <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| From January 1 of current year until the date you filed for bankruptcy: | \$ <u>14,400</u> | \$ <u>10,000</u> |
| For last calendar year: (January 1 to December 31, <u>2018</u>) | \$ <u>19,200</u> | \$ <u>9,800</u> |
| For the calendar year before that: (January 1 to December 31, <u>2017</u>) | \$ <u>18,000</u> | \$ <u>0</u> |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|---|--|---|
| Sources of Income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of Income Describe below. |
| From January 1 of current year until the date you filed for bankruptcy: | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| For last calendar year: (January 1 to December 31, <u>2018</u>) | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| For the calendar year before that: (January 1 to December 31, <u>2017</u>) | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|------------------------------|------------------|-------------------|----------------------|---|
| _____ Creditor's Name | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| _____ Number Street | _____ | | | |
| _____ City State ZIP Code | | | | |
| _____ Creditor's Name | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| _____ Number Street | _____ | | | |
| _____ City State ZIP Code | | | | |
| _____ Creditor's Name | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| _____ Number Street | _____ | | | |
| _____ City State ZIP Code | | | | |

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

| Insider's Name | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|--|------------------|-------------------|----------------------|-------------------------|
| Insider's Name Number Street City State ZIP Code | | \$ | \$ | |
| Insider's Name Number Street City State ZIP Code | | \$ | \$ | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

| Insider's Name | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|--|------------------|-------------------|----------------------|--|
| Insider's Name Number Street City State ZIP Code | | \$ | \$ | |
| Insider's Name Number Street City State ZIP Code | | \$ | \$ | |

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

| Nature of the case | Court or agency | Status of the case |
|---|--|---|
| Case title <u>Michael Williams</u> <u>VS. Samuel C Scott</u> <u>+ Immanuel Eburne</u> Case number <u>17A 65555</u> | <u>State Court of DeKalb County</u> Court Name <u>556 N. McDonough St.</u> Number Street <u>#300 Decatur GA 30030</u> City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case title _____ _____ Case number _____ | Court Name _____ Number Street _____ City State ZIP Code _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

| Describe the property | Date | Value of the property |
|--|-------------|-----------------------|
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | <div></div> | \$ _____ |
| Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | <div></div> | \$ _____ |
| Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Describe the action the creditor took | | Date action was taken | Amount |
|--|--|-----------------------|--------|
| Creditor's Name | | | |
| Number Street | | | \$ |
| City State ZIP Code | | | |
| Last 4 digits of account number: XXXX- | | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

\$

\$

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

\$

\$

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known)

19-63204

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name

Number Street

City State ZIP Code

\$

\$

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance
claims on line 33 of *Schedule A/B: Property*.

Date of your
loss

Value of property
lost

\$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

\$

\$

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____ | _____ | \$ _____ |
| | _____ | \$ _____ |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|-----------------------------------|-------------------|
| Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ |
| | _____ | \$ _____ |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

| Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|------------------------|
| Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____ | | _____ |
| Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____ | | _____ |

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date transfer was made |
|---------------|---|------------------------|
| | | |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

| Name of Financial Institution | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|--|--|---|
| _____ Number Street _____ City State ZIP Code | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| _____ Number Street _____ City State ZIP Code | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

| Name of Financial Institution | Who else had access to it? | Describe the contents | Do you still have it? |
|--|---|-----------------------|---|
| _____ Number Street _____ City State ZIP Code | _____ Name _____ Number Street _____ City State ZIP Code | | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

- ☐ No
☐ Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

City State ZIP Code

Number Street

City State ZIP Code

\$

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known)

19-63204

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | Number Street | | |
| City State ZIP Code | City State ZIP Code | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|---------------------|--------------------|--|
| Case title | | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Court Name | | |
| Number Street | | |
| Case number | | |
| City State ZIP Code | | |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☒ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|-------------------------------------|--|
| Pavilion of Hope Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| 3558 East Ponce de Number Street | Nonprofit Agency | EIN: 58-2279911 |
| Leon Avenue City State ZIP Code | Name of accountant or bookkeeper | Dates business existed |
| Scottdale GA 30079 | Dorothy Spearman | From 1997 To present |
| Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street | Name of accountant or bookkeeper | EIN: _____ |
| City State ZIP Code | | Dates business existed |
| | | From _____ To _____ |

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

| | | |
|-------------------------------------|----------------------------------|--|
| Describe the nature of the business | | Employer Identification number Do not include Social Security number or ITIN. |
| Business Name | | EIN: _____ |
| Number Street | Name of accountant or bookkeeper | Dates business existed |
| | | From _____ To _____ |
| City State ZIP Code | | |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Date issued

Name _____ MM / DD / YYYY
Number Street _____
City State ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Samuel C. Scott x Angela R. Scott
Signature of Debtor 1 Signature of Debtor 2

Date _____ Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name
Debtor 2 Angela Renita Scott
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Northern District of Georgia
Case number 19-63204

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1. 5415 Biffle Downs
Street address, if available, or other description
Road
Stone Mountain GA 30088
City State ZIP Code
Dekalb
County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ 130,000
Current value of the portion you own? \$ 130,000

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? _____
Current value of the portion you own? _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204

1.3.

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____

\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.>

\$ 130,000

Part 2: Describe Your VehiclesDo you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. Make:

Model:

Year:

Approximate mileage:

Other information:

Chevy
 Malibu
 1999
 75077

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ 1,500

\$ 1,500

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make:

Model:

Year:

Approximate mileage:

Other information:

Ford
 Club Wagon
 1993
 272,063

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ 1,000

\$ 1,000

☐ Check if this is community property (see instructions)

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known)

19-63204

3.3. Make:

Model:

Year:

Approximate mileage:

Other information:

Ford
Expedition
1999
335,000

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$ 1,200

Current value of the portion you own?

\$ 1,200

3.4. Make:

Model:

Year:

Approximate mileage:

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$

Current value of the portion you own?

\$

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make:

Model:

Year:

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$

Current value of the portion you own?

\$

If you own or have more than one, list here:

4.2. Make:

Model:

Year:

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$

Current value of the portion you own?

\$

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ 3,700

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe.....

Washer, dryer, refrigerator, living room + bedroom furniture, kitchen table + chairs

\$ 3,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....

Televisions, 2 computers

\$ 1,500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No☒ Yes. Describe.....

Shotgun 2 pistols

\$ 1,000.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....

Everyday clothes + shoes

\$ 800.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.....

Costume Jewelry

\$ 200.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 6,500

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes

Cash:

\$50.00**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:

Sentrust Bank\$ 150.00

17.2. Checking account:

\$

17.3. Savings account:

\$

17.4. Savings account:

\$

17.5. Certificates of deposit:

\$

17.6. Other financial account:

\$

17.7. Other financial account:

\$

17.8. Other financial account:

\$

17.9. Other financial account:

\$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

\$

\$

\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them

Name of entity:

% of ownership:

0% %

\$

0% %

\$

0% %

\$

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

 \$ _____

 \$ _____

 \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan: _____ \$ _____
 Pension plan: _____ \$ _____
 IRA: _____ \$ _____
 Retirement account: _____ \$ _____
 Keogh: _____ \$ _____
 Additional account: _____ \$ _____
 Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes

Institution name or individual:

Electric: _____ \$ _____
 Gas: _____ \$ _____
 Heating oil: _____ \$ _____
 Security deposit on rental unit: _____ \$ _____
 Prepaid rent: _____ \$ _____
 Telephone: _____ \$ _____
 Water: _____ \$ _____
 Rented furniture: _____ \$ _____
 Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

 \$ _____

 \$ _____

 \$ _____

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____
 \$ _____
 \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about them....

\$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific information about them....

\$ _____

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.....

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.....

\$ _____

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ _____
 \$ _____
 \$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim.

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.....

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here\$ **200.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☐ No☐ Yes. Describe.....

\$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No☐ Yes. Describe.....

\$ _____

Debtor 1

Samuel Clinton Scott

First Name Middle Name Last Name

Case number (if known)

19-63204

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No☐ Yes. Describe.....

\$

41. Inventory

☐ No☐ Yes. Describe.....

\$

42. Interests in partnerships or joint ventures

☐ No☐ Yes. Describe.....

Name of entity:

% of ownership:

 %
 %
 %

 \$
 \$
 \$

43. Customer lists, mailing lists, or other compilations

☐ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

\$

44. Any business-related property you did not already list

☐ No☐ Yes. Give specific information

 \$
 \$
 \$
 \$
 \$
 \$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



\$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.☐ Yes. Go to line 47.
 Current value of the
 portion you own?

 Do not deduct secured claims
 or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☐ No☐ Yes.....

\$

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204

48. Crops—either growing or harvested

☐ No☐ Yes. Give specific information.....

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☐ No☐ Yes.....

\$

50. Farm and fishing supplies, chemicals, and feed

☐ No☐ Yes.....

\$

51. Any farm- and commercial fishing-related property you did not already list

☐ No☐ Yes. Give specific information.....

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ 0

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information.....

\$

\$

\$

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ 0

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 →

\$ 130,000

56. Part 2: Total vehicles, line 5

\$ 3,700

57. Part 3: Total personal and household items, line 15

\$ 6,500

58. Part 4: Total financial assets, line 36

\$ 200

59. Part 5: Total business-related property, line 45

\$ 0

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0

61. Part 7: Total other property not listed, line 54

+ \$ 0

62. Total personal property. Add lines 56 through 61.

\$ 10,400

Copy personal property total →

+ \$ 10,400

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$ 140,400

Fill in this information to identify your case:

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Debtor 2 Angela Renita Scott
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Georgia

Case number 19-63204
(If known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|---|--|------------------------------------|
| Brief description: <u>Single family home</u> Line from <i>Schedule A/B</i> : <u>1.1</u> | \$ <u>130,000</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: <u>Car</u> Line from <i>Schedule A/B</i> : <u>3.1</u> | \$ <u>1,500</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: <u>Van</u> Line from <i>Schedule A/B</i> : <u>3.2</u> | \$ <u>1,000</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known) 19-63204

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|---|--|--|------------------------------------|
| Brief description: <u>Truck</u> Line from Schedule A/B: <u>3.3</u> | \$ <u>1,200</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: <u>Household Goods</u> Line from Schedule A/B: <u>6</u> | \$ <u>3,000</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: <u>Electronics</u> Line from Schedule A/B: <u>7</u> | \$ <u>1,500</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: <u>Firearms</u> Line from Schedule A/B: <u>10</u> | \$ <u>1,000</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: <u>Clothes</u> Line from Schedule A/B: <u>11</u> | \$ <u>800</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: <u>Jewelry</u> Line from Schedule A/B: <u>12</u> | \$ <u>200</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: <u>Cash</u> Line from Schedule A/B: <u>16</u> | \$ <u>50</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: <u>Deposits</u> Line from Schedule A/B: <u>17</u> | \$ <u>150</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |

Fill in this information to identify your case:

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Debtor 2 Angela Renita Scott
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Georgia

Case number 19-63204
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|--|--|--|
|--|--|--|

| | | | | | |
|--|--|---|------------|------------|----|
| 2.1 | Specialized Loan Servicing Creditor's Name 8442 Lucent Blvd #300 Number Street Highlands Ranch Co 80129 City State ZIP Code | Describe the property that secures the claim: Single Family Home 5415 Biffle Downs Rd. Stone Mtn 30088 | \$ 81,000 | \$ 130,000 | \$ |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> | | <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u>2086</u></p> | | | |
| 2.2 | Greenpoint Mortgage Creditor's Name 100 Wood Hollow Dr. Number Street Distribution Dept. Novato California 94945 City State ZIP Code | Describe the property that secures the claim: Single Family Home 5415 Biffle Downs Rd. Stone Mtn 30088 | \$ 19,000 | \$ 19,000 | \$ |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>2002</u></p> | | <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u>8977</u></p> | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | | \$ 100,000 | | |

Debtor 1 Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known) 19-63204

| | Additional Page | Column A | Column B | Column C |
|---|---|---|--|--------------------------|
| Part 1: | After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion if any |
| 1 | <p>Describe the property that secures the claim: \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> | | | |
| 2 | <p>Describe the property that secures the claim: \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> | | | |
| 3 | <p>Describe the property that secures the claim: \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> | | | |
| <p>Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____</p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ _____</p> | | | | |

Debtor 1

Samuel Clinton Scott

Case number (if known)

19-63204

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Mor Equity
Name
P.O. Box 3788
Number Street

On which line in Part 1 did you enter the creditor? 2.2
Last 4 digits of account number 8977

Evansville Ind. 47736
City State ZIP Code

☐ McCalla Raymer Licbert Pierce
Name
1544 Old Alabama Rd.
Number Street

On which line in Part 1 did you enter the creditor? 2.1
Last 4 digits of account number 2086

Roswell GA 30076
City State ZIP Code

☐
Name
Number Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number _____

☐
Name
Number Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number _____

☐
Name
Number Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number _____

☐
Name
Number Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Debtor 2 Angela Renita Scott
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Georgia

Case number 19-63204
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|-------------|-----------------|--------------------|
| 2.1 <u>Georgia Dept. of Revenue</u> Priority Creditor's Name <u>P.O. Box 105499</u> Number Street <u>Atlanta GA 30348</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number <u>9 2 4 8</u> When was the debt incurred? <u>12/2011</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Total claim \$ <u>3607.10</u> Priority amount \$ Nonpriority amount \$ | | | |
| 2.2 <u>Georgia Dept. of Revenue</u> Priority Creditor's Name <u>P.O. Box 105499</u> Number Street <u>Atlanta GA 30348</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number <u>4 1 2 8</u> When was the debt incurred? <u>12/2012</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Total claim \$ <u>64.88</u> Priority amount \$ Nonpriority amount \$ | | | |

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
| \$8548.29 | | |

Conserve / Continental
 Priority Creditor's Name
 P.O. Box 307

Number Street
 Fairport NY 14450
 City State ZIP Code

Last 4 digits of account number 2028

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number \$ \$ \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number \$ \$ \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

First Name Middle Name Last Name

Samuel Clinton Scott

Case number (if known)

19-63204

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | |
|---|--|--|-----------------------------------|
| 4.1 | Credit Collection Services | Last 4 digits of account number <u>5024</u> | Total claim \$ <u>3,096.39</u> |
| | Nonpriority Creditor's Name <u>725 Canton Street</u> Number Street <u>Norwood</u> <u>MA</u> <u>02062</u> City State ZIP Code | | |
| When was the debt incurred? <u>2017</u> | | As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Insurance - Allstate</u> | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

| | | | |
|---|--|---|---------------------------------|
| 4.2 | CEP America LLC | Last 4 digits of account number <u>2701</u> | Total claim \$ <u>518.00</u> |
| | Nonpriority Creditor's Name <u>P.O. Box 582663</u> Number Street <u>Modesto</u> <u>CA</u> <u>95358</u> City State ZIP Code | | |
| When was the debt incurred? <u>2018</u> | | As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

| | | | |
|---|---|---|---------------------------------|
| 4.3 | Dekalb Medical - North Decatur | Last 4 digits of account number <u>5088</u> | Total claim \$ <u>932.86</u> |
| | Nonpriority Creditor's Name <u>P.O. Box 650292</u> Number Street <u>Dallas</u> <u>TX</u> <u>75265</u> City State ZIP Code | | |
| When was the debt incurred? <u>2018</u> | | As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1

Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known)

19-63204

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 Dekalb Medical Center

Nonpriority Creditor's Name

P.O. Box 102204

Number Street
 Atlanta GA 30368
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 2355\$ 21.00When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical

4.5 Stoneleigh Recovery Associates

Nonpriority Creditor's Name

P.O. Box 1479

Number Street
 Lombard, IL 60148-8479
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 1717\$ 153.00When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical

4.6 Grady Health System

Nonpriority Creditor's Name

P.O. Box 934958

Number Street
 Atlanta GA 31193-4958
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 6466\$ 11,605.37When was the debt incurred? 10/2015

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical

Debtor 1

Samuel Clinton Scott

Case number 19-63204

Part 2. Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7 Halsted Financial Services

Last 4 digits of account number 0882

\$856.07

Nonpriority creditor's Name

P.O. Box 828

Number

Skokie

Street

IL 60076

City

State

ZIP Code

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other, Specify Bank Credit Card

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

4.8 Lease Finance Group

Last 4 digits of account number 1350

\$886.23

Nonpriority creditor's Name

525 Washington Blvd, 15th R

Number

Jersey City

Street

NJ

07310

City

State

ZIP Code

When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other, Specify Equipment

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

4.9 Lockhart, Morris + Montgo

Last 4 digits of account number 892X

\$1,032

Nonpriority creditor's Name

1401 N. Central Expy #225

Number

Richardson

Street

TX

75080

City

State

ZIP Code

When was the debt incurred? 3/2019

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other, Specify Medical

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

First Name Middle Name Last Name

Case number / index

Part 2. Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.0 Medical Revenue Service

Last 4 digits of account number **2821**

3449.01

Nonpriority Creditor's Name

P.O. Box 1149

When was the debt incurred? **12/2015**

Number

Street

Sebring

FL 33871

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other: Specify **Medical**

5.1 Radiology Assoc. of Dekalb

Last 4 digits of account number **RAD 1**

31.00

Nonpriority Creditor's Name

P.O. Box 1306

When was the debt incurred? **7/2018**

Number

Street

Indianapolis IN 46206

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other: Specify **Medical**

6.

Nonpriority Creditor's Name

Last 4 digits of account number

\$

Number

Street

When was the debt incurred?

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other: Specify

Debtor 1

Samuel Clinton Scott

Case number (if known)

19-63204

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Emory Decatur Hospital

Name

P.O. Box 650292

Number

Street

Dallas

City

TX 75265

State

ZIP Code

First Financial Asset Mgmt.

Name

3091 Governors Lake Dr.

Number

Street

Suite 500

Peachtree Corners GA 30071

City

State

ZIP Code

Nationwide Recovery Service

Name

545 W. Inman Street

Number

Street

Cleveland

City

TN 37320-8005

State

ZIP Code

Credit One Bank

Name

P.O. Box 98872

Number

Street

Las Vegas

City

NV 89193

State

ZIP Code

LV NV Funding LLC

Name

P.O. Box 1269

Number

Street

c/o Resurgent Capital Svc.

Greenville SC 29603

City

State

ZIP Code

Wakefield + Associates

Name

P.O. Box 50250

Number

Street

Knoxville

City

TN 37950

State

ZIP Code

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 43 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 5088

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 43 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ~~5088~~ 8402

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 46 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 3809

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 47 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 3936

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 47 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 3936

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 42 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8359

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Samuel Clinton Scott

19-63204

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|---------------------------------|---|---|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ <u>0</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ <u>12,220.27</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ <u>0</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ <u>0</u> |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$ <u>12,220.27</u> |
| | | |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ <u>0</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ <u>0</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ <u>0</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ <u>30,590.93</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. \$ <u>30,590.93</u> |

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor | Samuel | Clinton | Scott |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse If filing) | Angela | Remita | Scott |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the | Northern | District of | Georgia |
| Case number (If known) | 19-63204 | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

| | | |
|-----|---|--|
| 2.1 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.2 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.3 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.4 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.5 | Name _____ Number Street _____ City State ZIP Code _____ | |

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known)

19-63204

Additional Page If You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

22

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|---------------------|
| Debtor 1 | Samuel | Clinton | Scott |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Angela | Renita | Scott |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the | Northern | | District of Georgia |
| Case number | 19-63204 | | |
| (If known) | | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt |
|---------------------------------------|---|
| 3.1 | Check all schedules that apply: |
| Name _____ | <input type="checkbox"/> Schedule D, line _____ |
| Number _____ Street _____ | <input type="checkbox"/> Schedule E/F, line _____ |
| City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Schedule G, line _____ |
| 3.2 | |
| Name _____ | <input type="checkbox"/> Schedule D, line _____ |
| Number _____ Street _____ | <input type="checkbox"/> Schedule E/F, line _____ |
| City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Schedule G, line _____ |
| 3.3 | |
| Name _____ | <input type="checkbox"/> Schedule D, line _____ |
| Number _____ Street _____ | <input type="checkbox"/> Schedule E/F, line _____ |
| City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Schedule G, line _____ |

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3. _

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3. _

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3. _

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3. _

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3. _

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3. _

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3. _

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3. _

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Debtor 2 Angela Renita Scott
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Georgia

Case number 19-63204
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

- ☐ Employed
☒ Not employed

Occupation

Driver (Ind. Contractor) Homemaker

Employer's name

Pavilion of Hope Inc.

N/A

Employer's address

3558 E. Ponce de Leon
Number Street
Avenue

Number Street

Scottsdale GA 30019
City State ZIP Code

City State ZIP Code

How long employed there? 5 yrs

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$1,800⁰⁰

\$ 0

3. Estimate and list monthly overtime pay.

3. + \$ 0

+ \$ 0

4. Calculate gross income. Add line 2 + line 3.

4. \$1,800⁰⁰

\$ 0

Debtor 1 Samuel Clinton Scott
 First Name Middle Name Last Name

Case number (if known) 19-63204

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|------------------------------|-----------------------------------|
| Copy line 4 here..... → 4. | \$ <u>1,800⁰⁰</u> | \$ <u>0</u> |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | \$ _____ | \$ _____ |
| 5b. Mandatory contributions for retirement plans | \$ _____ | \$ _____ |
| 5c. Voluntary contributions for retirement plans | \$ _____ | \$ _____ |
| 5d. Required repayments of retirement fund loans | \$ _____ | \$ _____ |
| 5e. Insurance | \$ _____ | \$ _____ |
| 5f. Domestic support obligations | \$ _____ | \$ _____ |
| 5g. Union dues | \$ _____ | \$ _____ |
| 5h. Other deductions. Specify: _____ | \$ _____ | \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | \$ _____ | \$ _____ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | \$ <u>1,800⁰⁰</u> | \$ <u>0</u> |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | \$ <u>0</u> | \$ <u>0</u> |
| 8b. Interest and dividends | \$ <u>0</u> | \$ <u>0</u> |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | \$ <u>0</u> | \$ <u>0</u> |
| 8d. Unemployment compensation | \$ <u>0</u> | \$ <u>0</u> |
| 8e. Social Security | \$ <u>0</u> | \$ <u>0</u> |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | \$ <u>0</u> | \$ <u>0</u> |
| 8g. Pension or retirement income | \$ <u>0</u> | \$ <u>0</u> |
| 8h. Other monthly income. Specify: _____ | \$ <u>0</u> | \$ <u>0</u> |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | \$ <u>0</u> | \$ <u>0</u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | \$ <u>1,800</u> | \$ <u>0</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | \$ <u>0</u> |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies | | \$ <u>1,800</u> |
| 13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>Daughter recently employed</u> | | |

Fill in this information to identify your case:

| | | | |
|--|---------------------------|----------------------------|----------------------------|
| Debtor 1 | <u>Samuel</u> | <u>Clinton</u> | <u>Scott</u> |
| | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| Debtor 2 | <u>Angela</u> | <u>Renita</u> | <u>Scott</u> |
| (Spouse, if filing) | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| United States Bankruptcy Court for the | <u>Northem</u> | | District of <u>Georgia</u> |
| Case number (If known) | <u>19-63204</u> | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

daughter

grandson

grandson

21

7

2

- ☐ No
- ☒ Yes
- ☐ No
- ☒ Yes
- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 521.00

4a. \$ _____

4b. \$ _____

4c. \$ _____

4d. \$ _____

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known)

19-63204

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 500

6b. Water, sewer, garbage collection

6b. \$ 100

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 100

6d. Other. Specify: _____

6d. \$

7. Food and housekeeping supplies

7. \$ 450

8. Childcare and children's education costs

8. \$ 100

9. Clothing, laundry, and dry cleaning

9. \$ 75

10. Personal care products and services

10. \$ 50

11. Medical and dental expenses

11. \$

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 300

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$

14. Charitable contributions and religious donations

14. \$ 50

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$

15b. Health insurance

15b. \$

15c. Vehicle insurance

15c. \$ 300

15d. Other insurance. Specify: _____

15d. \$

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$

17b. Car payments for Vehicle 2

17b. \$

17c. Other. Specify: _____

17c. \$

17d. Other. Specify: _____

17d. \$

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$

20b. Real estate taxes

20b. \$

20c. Property, homeowner's, or renter's insurance

20c. \$

20d. Maintenance, repair, and upkeep expenses

20d. \$

20e. Homeowner's association or condominium dues

20e. \$

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known)

19-63204

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 2,546.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2,546.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 1,800

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 2,546

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ -746

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Grandkids moving out
Daughter recently obtained employment
Son moving in to help w/ expenses

Fill in this information to identify your case:

| | | | |
|--|---------------------------|----------------------------|----------------------------|
| Debtor 1 | <u>Samuel</u> | <u>Clinton</u> | <u>Scott</u> |
| | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| Debtor 2 | <u>Angela</u> | <u>Kenita</u> | <u>Scott</u> |
| (Spouse, if filing) | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| United States Bankruptcy Court for the | <u>Northern</u> | | District of <u>Georgia</u> |
| Case number | <u>19-63204</u> | | |
| (If known) | | | |

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: Specialized Loan
Description of property securing debt: Servicing
Single family home
5415 Biffle Downs Rd.
Stone Mountain GA 30088

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]: _____

☐ No
☒ Yes

Creditor's name: Green point Mortgage
Description of property securing debt: Single family home
5415 Biffle Downs Rd.
Stone Mountain GA 30088

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]: _____

☐ No
☒ Yes

Creditor's name: _____
Description of property securing debt: _____

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]: _____

☐ No
☐ Yes

Creditor's name: _____
Description of property securing debt: _____

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]: _____

☐ No
☐ Yes

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

N/A

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

x Samuel Clinton Scott

Signature of Debtor 1

Date 9-5-19
MM / DD / YYYY

x Angela R. Scott

Signature of Debtor 2

Date 9-5-19
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Debtor 2 Angela Renita Scott
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number 19-63204
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from *Schedule A/B*

\$ 130,000

1b. Copy line 62, Total personal property, from *Schedule A/B*

\$ 10,400

1c. Copy line 63, Total of all property on *Schedule A/B*

\$ 140,400

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*

\$ 100,000

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*

\$ 12,220.27

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*

+ \$ 30,590.93

Your total liabilities

\$ 142,811.20

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I*

\$ 1,800.00

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of *Schedule J*

\$ 2,546.00

Debtor 1

Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known)

19-63204

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,800

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F.

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 12,220.27

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0

9g. Total. Add lines 9a through 9f.

\$ 12,220.27

Fill in this information to identify your case:

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name
Debtor 2 Angela Renita Scott
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Northern District of Georgia
Case number 19-63204
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Samuel C. Scott x Angela R. Scott
Signature of Debtor 1 Signature of Debtor 2

Date 9-5-19
MM / DD / YYYY

Date 9-5-19
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Debtor 2 Angela Renita Scott
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Georgia

Case number 19-63204
(If known)

Check one box only as directed in this form and in Form 122A-1Supp:

☐ 1. There is no presumption of abuse.

☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|---|---|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ 1,800 | \$ 0 |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ 0 | \$ 0 |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ 0 | \$ 0 |
| 5. Net income from operating a business, profession, or farm | Debtor 1 Gross receipts (before all deductions) \$ Ordinary and necessary operating expenses - \$ Net monthly income from a business, profession, or farm \$ | Debtor 2 Gross receipts (before all deductions) \$ Ordinary and necessary operating expenses - \$ Net monthly income from a business, profession, or farm \$ |
| 6. Net income from rental and other real property | Debtor 1 Gross receipts (before all deductions) \$ Ordinary and necessary operating expenses - \$ Net monthly income from rental or other real property \$ | Debtor 2 Gross receipts (before all deductions) \$ Ordinary and necessary operating expenses - \$ Net monthly income from rental or other real property \$ |
| 7. Interest, dividends, and royalties | \$ 0 | \$ 0 |

Debtor 1 Samuel Clinton Scott
First Name Middle Name Last Name

Case number (if known) 19-63204

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$ _____

For your spouse..... \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Column A
Debtor 1

\$ 0

Column B
Debtor 2 or
non-filing spouse

\$ 0

\$ 0

\$ 0

\$ _____

\$ _____

\$ _____

\$ _____

+ \$ _____

+ \$ _____

| | | | | |
|------------------------------|---|-------------|---|----------------|
| \$ <u>1,800</u> | + | \$ <u>0</u> | = | \$ <u>1800</u> |
| Total current monthly income | | | | |

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here \rightarrow

\$ 1800

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$ 21,600

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Georgia

Fill in the number of people in your household.

5

Fill in the median family income for your state and size of household. 13.

\$ 91,476

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x Samuel C Scott x
 Signature of Debtor 1

Angela R. Scott
 Signature of Debtor 2

Date 9-5-19
 MM / DD / YYYY

Date 9-5-19
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.